

Shelter Operation Guidelines in Response to the COVID-19 Pandemic

~To Protect the Lives and Health of Citizens from Infectious
Disease and Disasters~

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(Revised on June 16, 2020)

Emergency Response Division,
Disaster Response Bureau,
Civil Policy Planning and Administration Department,
Hyogo Prefectural Government

Introduction

Coronavirus disease 2019 (COVID-19) has raged throughout Japan, and it is predicted that, if the pandemic seems to be reaching an end in the future, it will begin to spread again. Even in this unpredictable pandemic situation, if a natural disaster, such as a storm, flood, and earthquake, occurs or is forecast to occur, municipalities should inform citizens about the need to evacuate by issuing evacuation recommendations or instructions, open shelters, and admit evacuees there.

Our experiences with shelters in past disasters show that shelters provide an environment where the “three Cs” (closed spaces, crowded places, and close-contact settings) often occur, which means the possible easy spread of COVID-19. With no vaccines or treatments currently available, COVID-19 control in shelters will demand especially hard efforts.

To enhance measures to operate municipal shelters, the Hyogo prefectural government formulated the “Shelter Management and Operation Guide” (2013), the “Manual for Toilet Management in Shelters” (April 2014), the “Hyogo Prefecture Manual for Special Needs Shelter Operation and Training” (March 2018), and other manuals. By adding new contents to the “Shelter Management and Operation Guide,” the prefectural government has recently formulated the “Shelter Operation Guidelines in Response to the COVID-19 Pandemic.”

The heavy rain and typhoon season will come soon. The municipalities in Hyogo Prefecture are requested to formulate manuals in reference to these Guidelines while taking into consideration the conditions of local areas and shelter facilities and to make rapid and reliable preparations, including sharing information about how to evacuate and other matters with citizens in advance, securing and distributing supplies and equipment necessary in shelters, appointing shelter staff, and confirming role division and various procedures, so that shelters will be operated smoothly with the adoption of appropriate COVID-19 control measures.

These Guidelines suppose the operation of shelters where the three Cs are likely to occur. The municipalities are also requested to operate designated emergency evacuation sites while paying as full attention as possible to COVID-19 control measures in conformity with these Guidelines.

We in Hyogo have confronted and overcome many natural disasters, including the Great Hanshin-Awaji Earthquake, through cooperation among the municipalities and citizens. Let's unite our efforts again to tackle the current unprecedented crisis in order to protect the lives and health of citizens.

- * Please note that these Guidelines are subject to future revision as needed according to changes in the situation and new findings.

June 2020

Emergency Response Division, Disaster Response Bureau,
Civil Policy Planning and Administration Department,
Hyogo Prefectural Government

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I. Goals and timeline

1. Goals and basic measures

Goals of the measures	Basic measures
<p>Prevent COVID-19 clusters at shelters.</p> <p>[Measures at shelters]</p>	<ul style="list-style-type: none"> ○ Secure hygiene supplies and equipment, shelter staff, etc. ○ Ensure zone layout so that evacuees will be able to avoid the three Cs (closed spaces, crowded places, and close-contact settings) and to maintain physical distance between each other; strictly prohibit people from wearing shoes in shelter buildings in particular. ○ Identifying and checking shelter capacity ○ Secure rooms or shelters, toilets, etc. dedicated to evacuees with a fever, cough or other symptoms and close contacts to separate them from other evacuees. ○ Check the health condition of evacuees (when they are admitted to shelters and every day after their admission). ○ Ensure that shelter facilities and equipment (including living areas, washrooms, and toilets) are cleaned up and disinfected regularly and thoroughly. ○ Adopt thorough measures to prevent vulnerable people in disasters, who are at high risk of becoming seriously ill if infected, from becoming infected, and pay due attention to them. ○ Instruct evacuees, shelter staff, etc. to adopt thorough COVID-19 control measures, including washing and disinfecting their hands, covering coughs with a mask, tissue, etc., and ventilating rooms. * Provide citizens with necessary information in advance.
<p>Prevent citizens from being victimized by disasters as a result of their avoidance of evacuating and ensuring their own safety for fear of becoming infected at shelters.</p> <p>[Evacuation measures]</p>	<ul style="list-style-type: none"> ○ Secure a wide and multiple choice of places for evacuation and share information about them with citizens. Designate public facilities other than designated shelters as shelters; utilize private businesses' employee welfare facilities (such as gymnasiums); utilize hotels, inns, etc. in the event of a disaster. ○ Recommend dispersed evacuation (to diversify evacuation actions). To avoid the concentration of evacuees (or the three Cs) in designated shelters, recommend evacuating to places other than designated shelters, stay at home (in safe places or upstairs) to avoid danger, or evacuate to the home of a relative or acquaintance. ○ Encourage citizens to create their "My Evacuation Card." Encourage all citizens to determine when and where to evacuate in advance and to list multiple candidate places for evacuation other than designated shelters in anticipation that they may hesitate to use crowded designated shelters. * Provide citizens with necessary information in advance.

2. Timeline of measures in response to COVID-19

Category			Measures that each municipality should adopt	(Reference) Measures that citizens should desirably adopt	Pages
Phase 0	In ordinary times	Preparation	<ol style="list-style-type: none"> 1. Checking the capacity of each shelter in consideration of COVID-19 control measures 2. Ensuring a sufficient number of shelters <ul style="list-style-type: none"> • Designating public facilities other than designated shelters as shelters • Utilizing private businesses' employee welfare facilities (such as gymnasiums) • Utilizing hotels, inns, etc. in the event of a disaster 3. Securing rooms or shelters dedicated to evacuees with a fever, cough or other symptoms and close contacts to separate them from other evacuees 4. Estimating the necessary quantity of emergency, hygiene and other supplies and securing them in advance 5. Building a system for appropriate shelter operations 6. Providing citizens with necessary information in advance 	<ol style="list-style-type: none"> 1. Considering staying at home or evacuating to places other than designated shelters, such as the homes of relatives and acquaintances 2. Prepare to take necessities, including masks, thermometers, towels, slippers, and writing utensils, with them when they evacuate 3. Creating their "My Evacuation Card" and writing necessary matters on it 	pp. 3–14
Phase 1	In the event of a disaster	Evacuation	<ol style="list-style-type: none"> 1. Offering appropriate places for evacuation 2. Releasing evacuation information 	<ol style="list-style-type: none"> 1. Evacuating to a safe place 2. Evacuating as early as possible 	pp. 15–16
Phase 2		Opening shelters, admitting evacuees, and operating shelters	<ol style="list-style-type: none"> 1. Opening shelters <ul style="list-style-type: none"> • Securing shelter staff • Securing evacuation spaces • Placing hygiene and other supplies 2. Admitting evacuees 3. Operating shelters <ul style="list-style-type: none"> • Adopting thorough COVID-19 control measures, including ventilating shelters well • Separating evacuees in bad physical condition from other evacuees and reporting to and consulting local public health centers according to the situation 4. Managing the health of evacuees at places other than shelters, including those staying at home 5. Adopting thorough measures to prevent vulnerable people in disasters from becoming infected 	<ol style="list-style-type: none"> 1. Adopting COVID-19 control measures <ul style="list-style-type: none"> • Wearing a mask, washing their hands, gargling, and covering coughs with a tissue or by other means 2. Getting involved in autonomous shelter operation 	pp. 17–21
Phase 3		Closing shelters	<ol style="list-style-type: none"> 1. Cleaning up and disinfecting shelters after evacuees leave them 		p. 22

II. Phase 0 (Preparation)

1. Checking the capacity of each shelter in consideration of COVID-19 control measures
Design shelter layout so that there is space enough for evacuees to maintain a sufficient physical distance and avoid close contact with each other.

Below are standards for shelter layout, including the standard area of an evacuation space where a sufficient physical distance can be maintained.

[Standards applicable in Hyogo Prefecture]

- Ensure a physical distance of a minimum 2 m (or at least 1 m) between household units.
 - Necessary living area per evacuee: 3 m² or more
 - * Living area for a standard household (three members): 3 m² or more per person × 3 people = 9 m² or more

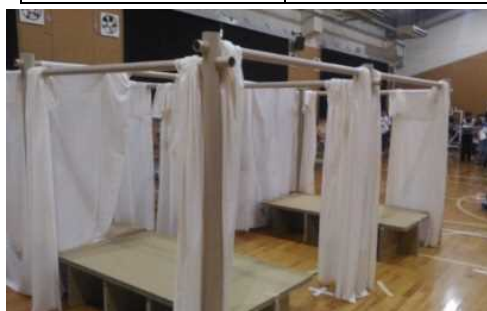
Household size	Living area	Common area necessary to maintain sufficient physical distance	Required area per household
Three-person household	9 m ²	11 m ²	20 m ² (5 m × 4 m)

« Layout method example »

- Marking off areas for respective household units with tape or other means (an example of a layout method to be used immediately after the occurrence of a disaster)
 - * A possible way may be to mark off 3 m × 3 m living areas for standard households (of three members) with sufficient physical distance maintained using masking tape or other means in advance.
 - If a sufficient physical distance (a minimum 2 m [or at least 1 m]) cannot be ensured, ensure a living area according to the previous standard (3 m² or more per evacuee) and place shelter partitions* with a height of 1.4 m or more between household units to prevent droplet infection.
- « Layout method examples »
- Using partitions (an example of a layout method to be used mainly when evacuation lasts long or it is expected that many evacuees will live in shelters)
 - Using indoor tents (same as above)

[* Partitions that the Hyogo prefectural government has secured under the “running stock” system through a disaster readiness agreement]

Item name	Agreement counterpart	Outline	Note
Paper Partition System 4 for Evacuation Facilities	Voluntary Architects' Network (VAN)	Partitions made of paper tubes (pillars, beams, and joints) and cotton curtains hanging from 2 m high beams	Agreement signed on November 28, 2018
Cardboard partitions for shelters	Western Corrugated Case Association	Partitions made of corrugated cardboard with a height of 1.45 m	Agreement signed on August 30, 2017



Paper Partition System 4 for Evacuation Facilities

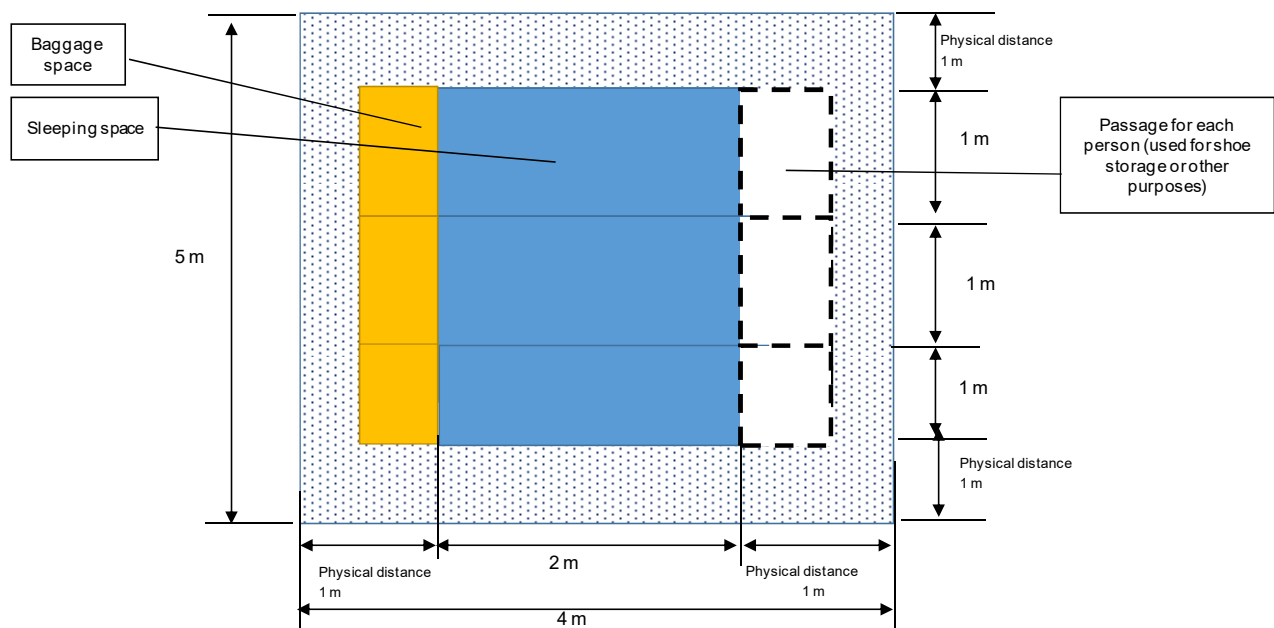


Cardboard partitions for shelters

[Reference] Area required for a standard household (three members) (living area + common area necessary to maintain sufficient physical distance)

○ **Ensure a physical distance of a minimum 2 m (or at least 1 m) between household units.**
(Presupposition)

- Hyogo Prefecture: approx. 5.45 million residents ÷ approx. 2.39 million households = 2.3 persons per household on average
→ Calculation is made on the presupposition of a household of three members as a standard-model household in Hyogo Prefecture.

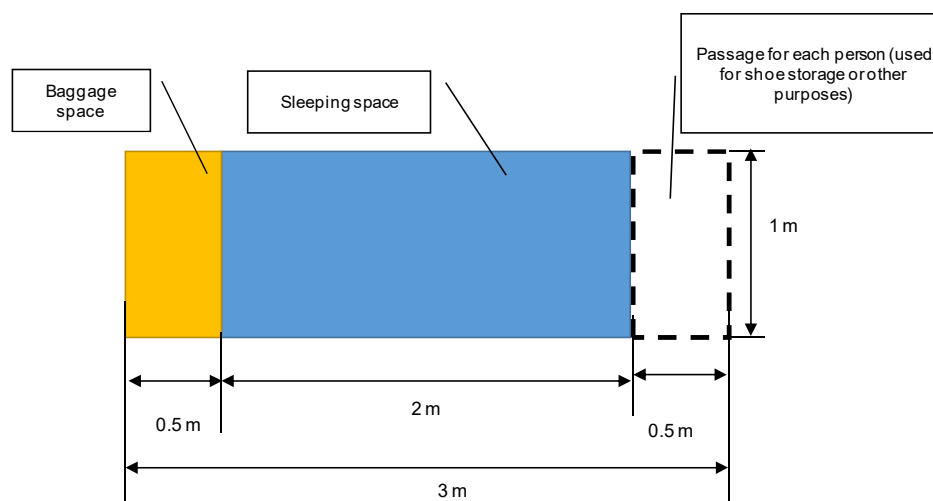


[Previous standards] Hyogo Prefecture Shelter Management and Operation Guide (2013 version)

It is desirable to secure an area of 3 m² or more per evacuee.

(Principle)

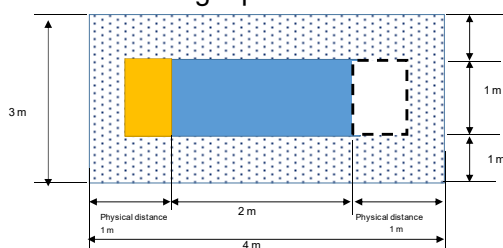
For each evacuee, a total area of 3 m² should be secured, including the evacuee's sleeping space, baggage space, and passage.



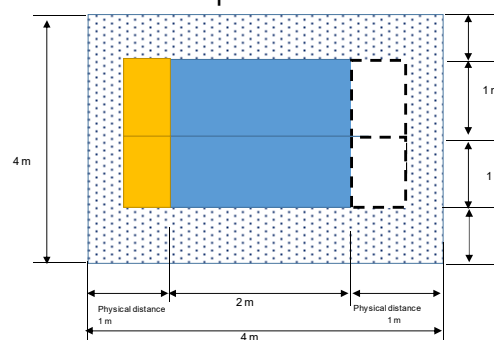
[Reference] Required area per household according to the household size (example)

Household size	Living area	Common area necessary to maintain sufficient physical distance	Required area per household
Single-person household	3 m ²	9 m ²	12 m ² (3 m × 4 m)
Two-person household	6 m ²	10 m ²	16 m ² (4 m × 4 m)
Three-person household (standard model)	9 m ²	11 m ²	20 m ² (5 m × 4 m)
Four-person household	12 m ²	12 m ²	24 m ² (6 m × 4 m)
Five-person household	15 m ²	13 m ²	28 m ² (7 m × 4 m)

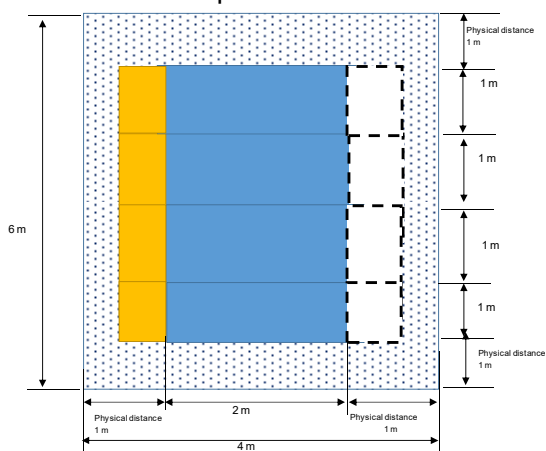
1. Area for a single-person household



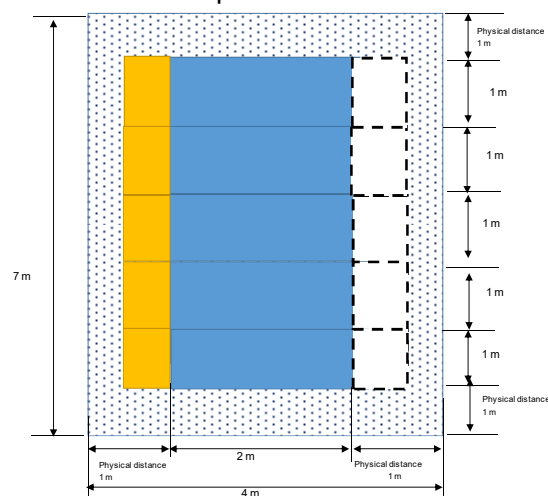
2. Area for a two-person household



3. Area for a four-person household



4. Area for a five-person household

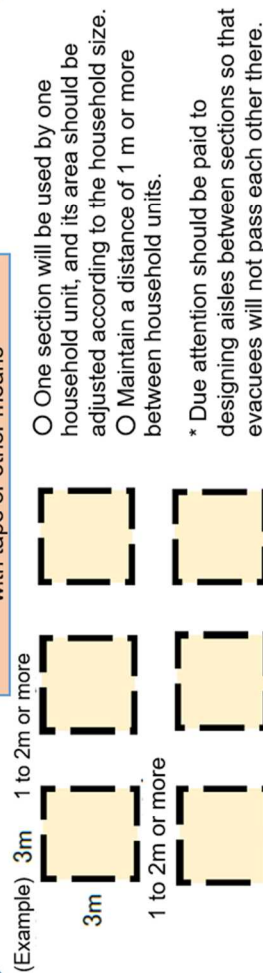


* See the previous page for the area for a three-person household (standard model).

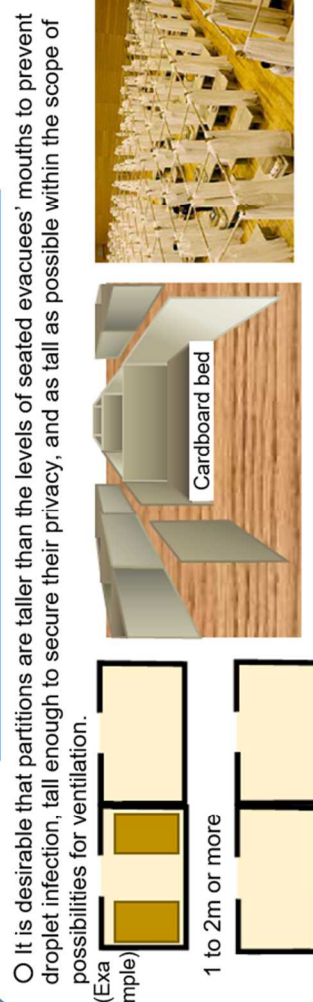
Layout of shelter living spaces for evacuees without health problems (example)

- Below are examples of possible ways to lay out living spaces for evacuees without health problems in a large space, such as a gymnasium. It is desirable to use partitions or tents to prevent the spread of infection and protect evacuees' privacy.
- If those at high infection risk, including the elderly, those suffering from underlying diseases, those with disabilities and pregnant women, stay in the shelter, it is desirable to secure spaces dedicated to them in the shelter. However, another possible way is to secure a zone dedicated to them in a gymnasium and use the zone in line with the following methods.

Marking off sections for household units with tape or other means

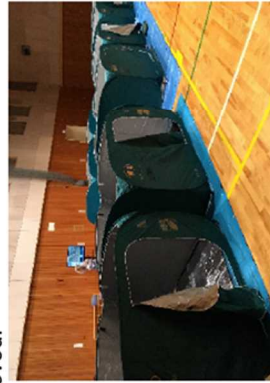
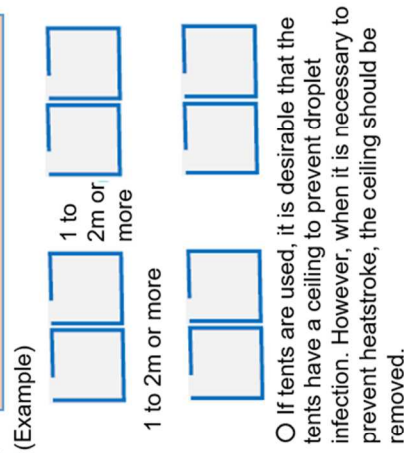


Layout using partitions



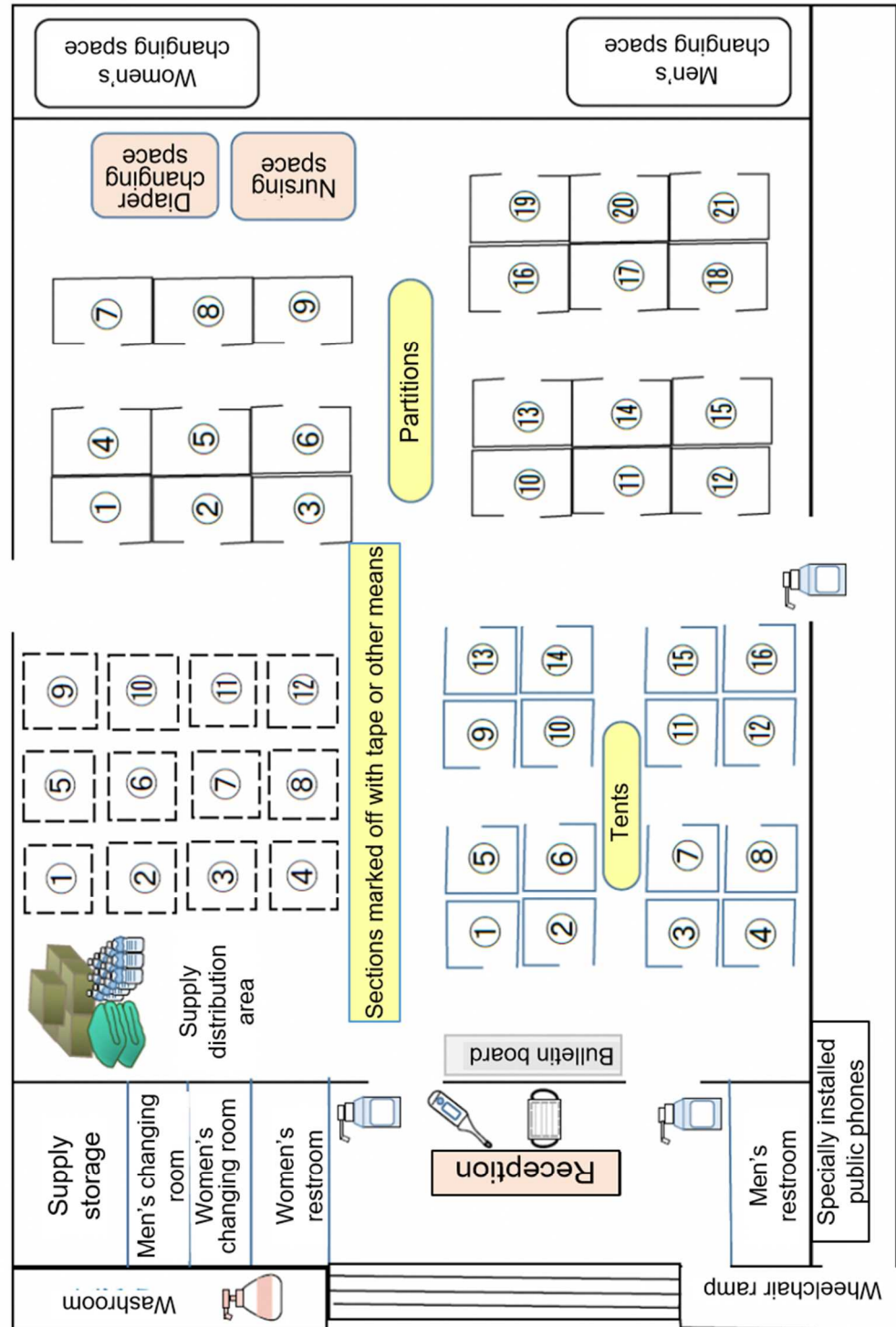
- * It is desirable that evacuees be always aware of the need to maintain a distance of a minimum 2 m (or at least 1 m) between each other.
- * It is basically desirable that everyone wear a mask in a shelter. In particular, when entering areas where a distance of only 1 m can be maintained, everyone must wear a mask.
- * It is ideal to implement all above-mentioned measures. However, in consideration of various expected restriction in the event of a disaster, it is desirable to implement as many of them as possible.

Layout using tents



Layout of shelter living spaces for evacuees without health problems (example)

- If sections for household units are marked off with tape, partitions, tents, or other means, each section should be numbered and managed so that the staff can clearly recognize the sections where the evacuees are staying.



Source: Extracted from a notice issued on June 10, 2020 by the Japanese government (Cabinet Office [Disaster Management], Fire and Disaster Management Agency, and Ministry of Health, Labour and Welfare)

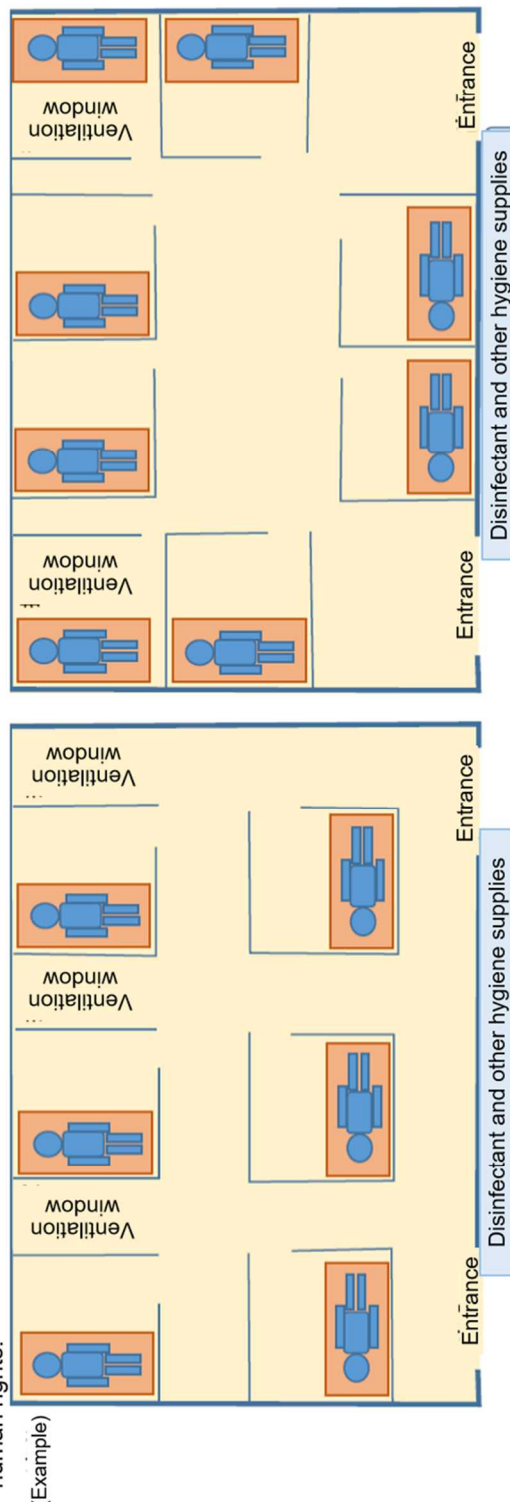
2. Ensuring a sufficient number of shelters
 - (1) Designating public facilities other than designated shelters as shelters
Each municipality should consider using public facilities other than designated shelters as shelters and designate appropriate facilities as designated shelters.
The Hyogo prefectural government and municipalities should collaborate in facilitating the designation of prefectural facilities other than designated shelters as shelters.
 - (2) Utilizing private businesses' employee welfare facilities (such as gymnasiums)
Facilitate the utilization of private businesses' employee welfare facilities (such as gymnasiums) by signing agreements.
 - (3) Utilizing hotels, inns, etc. in the event of a disaster
 - Consider utilizing hotels, inns, etc. as shelters in the event of a disaster. Since some municipalities may be unable to secure enough hotels, inns, etc. within their jurisdiction, the Hyogo prefectural government will arrange wide-area evacuation by utilizing hotels, inns, etc. beyond municipal boundaries in the event of a disaster.
 - It is necessary to formulate rules on what kinds of evacuees should be evacuated to hotels, inns, etc. (for example, the rule that those in need of special consideration be preferentially evacuated to hotels, inns, etc.) in advance.
 - The Hyogo prefectural government has built a system for securing cooperation from hotels, inns, etc. in making their facilities available as shelters by signing the Agreement on Support in the Event of a Disaster with the Hyogo Prefecture Liaison Council of Sanitary Trade Associations. If it is difficult for municipalities to secure hotels, inns, etc. on their own, the prefectural government will cooperate with them in securing shelters.
 - (4) Building a support system for facilities other than designated shelters used as shelters
Each municipality should appropriately share information with facilities other than designated shelters as well and build a system for providing necessary hygiene and other supplies and equipment quickly and smoothly.
Each municipality also should anticipate that some citizens will stay at home to avoid danger if their home's safety is confirmed and should establish a system for smoothly supporting them.
3. Securing rooms or shelters dedicated to evacuees with a fever, cough or other symptoms and close contacts to separate them from other evacuees
 - Secure rooms or shelters dedicated to evacuees with a fever, cough or other symptoms and close contacts (hereinafter, "those in bad physical condition") at a distance from evacuation spaces for other evacuees to separate the former from the latter.
 - Toilets dedicated to those in bad physical condition should be also secured.
 - If no separate dedicated rooms or shelters can be secured, divide a shelter into a zone for evacuees in bad physical condition and a zone for other evacuees, and design the shelter layout so that the lines of flow of the two types of evacuees will not overlap.
 - Ensure contacts from among doctors or other experts whom shelter staff can consult by phone or other means if an evacuee becomes ill.

[See the next page for a specific layout (example).]

Version 2
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10, 2020

**Layout of a room dedicated to evacuees with a fever, cough, or their symptoms and close contacts
(example)**

- A dedicated zone and line of flow should be allocated to evacuees with a fever, cough, or other symptoms and close contacts, separated from the zone and line of flow for other evacuees.
- It is desirable to secure a separate room for each evacuee with a fever, cough, or other symptoms, but if it is difficult, a dedicated space should be secured for each of them. If multiple evacuees with such a symptom are admitted to one room due to unavoidable circumstances, use partitions or other means to divide the room into personal spaces.
- It is desirable to manage each close contact in a separate room, but if it is difficult, a dedicated space should be secured for each of them. If multiple close contacts are admitted to one room due to unavoidable circumstances, use partitions or other means to divide the room into personal spaces. * Higher priority should be placed on close contacts than those with a fever, cough, or other symptoms in allocating personal rooms.
- Thoroughly inform evacuees that these measures are aimed at controlling infectious disease, instead of excluding those infected, in full consideration of human rights.



- * It is desirable that partitions are taller than the levels of seated evacuees' mouths to prevent droplet infection, tall enough to secure their privacy, and as tall as possible within the scope of possibilities for ventilation.
- * While it is desirable to decide in advance on how to respond to COVID-19 patients with minor symptoms in the event of a disaster and how to evacuate them, they may stay in shelters temporarily.
- * From the perspectives of infectious disease control and the convenience of medical and public health staff, it may be possible to secure shelters dedicated to certain types of evacuees through collaboration between departments in charge of disaster management, health and welfare, and other duties as needed according to the local epidemic situation and the conditions of shelters and available hotels, inns, etc.
(Example: shelter dedicated to the elderly, those suffering from underlying diseases, those with disabilities, and pregnant women; shelter dedicated to those with a fever, cough, or other symptoms; shelter dedicated to close contacts)
- * Those with a fever, cough, or other symptoms and close contacts should wear a mask.
- * It is ideal to implement all above-mentioned measures. However, in consideration of various expected restrictions in the event of a disaster, it is desirable to implement as many of them as possible.

Source: Extracted from a notice issued on June 10, 2020 by the Japanese government (Cabinet Office [Disaster Management], Fire and Disaster Management Agency, and Ministry of Health, Labour and Welfare)

4. Estimating the necessary quantity of emergency, hygiene and other supplies and securing them in advance

(1) Securing hygiene and other supplies and equipment

Each municipality should strive to secure and store hygiene and other supplies and equipment.

Since the ventilation of shelters is especially important, it is desirable to carry out prior maintenance of ventilation equipment.

[Hygiene and other supplies and equipment that should be desirably secured in advance]

Category	Necessary emergency, hygiene and other supplies
Infection control and other hygiene supplies	Disinfectant (alcohol-based disinfectant or sodium hypochlorite solutions), masks, disposable rubber gloves, liquid soap, wipes, paper towels, etc.
Health management and other supplies	Noncontact thermometers and other equipment
Protective and other supplies for shelter staff	Masks, disposable gloves, gowns, face shields, etc.
Supplies necessary for shelter operation	Partitions, masking tape, cardboard beds, plastic curtains, blue tarpaulins, temporary toilets, ventilation equipment, filtration and sterilization equipment, cleaning tools, toilet utensils, etc.

(2) Estimating the necessary quantity of emergency supplies in each shelter

Estimate the necessary quantity of emergency, hygiene and other supplies at each shelter according to the shelter capacity and make a list of necessary supplies.

[See the next page for a list of emergency, hygiene and other supplies to be prepared in each shelter (example).]

[Reference] List of emergency, hygiene and other supplies to be prepared in each shelter (example)

Shelter name: _____

List of emergency, hygiene and other supplies to be prepared in the shelter

<input type="checkbox"/>	Item name	Necessary quantity	Storage location or supplier	Note
<input type="checkbox"/>	Disinfectant (alcohol-based disinfectant or sodium hypochlorite solution)			
<input type="checkbox"/>	Masks			
<input type="checkbox"/>	Disposable rubber gloves			
<input type="checkbox"/>	Wipes			
<input type="checkbox"/>	Liquid soap			
<input type="checkbox"/>	Paper towels			
<input type="checkbox"/>	Noncontact thermometers			
<input type="checkbox"/>	Disposable gloves			
<input type="checkbox"/>	Gowns			
<input type="checkbox"/>	Face shields			
<input type="checkbox"/>	Partitions			
<input type="checkbox"/>	Masking tape			
<input type="checkbox"/>	Cardboard beds			
<input type="checkbox"/>	Plastic curtains			
<input type="checkbox"/>	Blue tarpaulins			
<input type="checkbox"/>	Temporary toilets			
<input type="checkbox"/>	Ventilation equipment			
<input type="checkbox"/>	Filtration and sterilization equipment			
<input type="checkbox"/>	Set of cleaning tools			
<input type="checkbox"/>	Set of toilet utensils			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

5. Building a system for appropriate shelter operations
 - (1) Facilitating advance coordination between facility managers, related departments, etc.
 - The Hyogo prefectural government should build a shelter operation system in consideration of COVID-19 control measures as early as possible through efforts involving the entire organization, including departments in charge of disaster management and health and welfare. Engage related external parties, including medical professionals, in collaboration in building the system.
 - In particular, in anticipation that evacuees admitted in shelters will be suspected to be infected with COVID-19, build a system for contact with relevant public health centers, shelters, the municipal health and welfare departments, and other related parties.
 - In anticipation of the occurrence of COVID-19 cases in shelters, each municipality should deliberate in advance with its public health center to decide on places for their evacuation other than general shelters, how to transport them, the division of roles, and necessary procedures.
 - Prefectural Health and Welfare Offices and municipalities under their jurisdiction should deliberate in advance about how to share information necessary for admitting close contacts to shelters and other matters.
 [Reference] List of the shelter's emergency contacts (including the public health center, medical institutions, and other related parties) (sample).....p. 36
 - (2) Building a system for admitting vulnerable people in disasters
 - ① Paying due attention to preventing vulnerable people in disasters from becoming infected
 Vulnerable people in disasters, including the elderly, are at high risk of becoming seriously ill if infected with COVID-19. Therefore, if a special needs evacuation space is placed in an ordinary shelter, adopt thorough measures to prevent those people from becoming infected with COVID-19, such as ensuring that the line of their flow will not overlap with rooms dedicated to those with COVID-19-like symptoms.
 - ② Facilitating advance coordination necessary to open special needs shelters
 Special needs shelters require more thorough COVID-19 control measures than ordinary shelters. Due attention should be paid to preventing special needs shelters from being crowded with many accompanying helpers.
 In addition, it is necessary even in ordinary times to provide training and drills in opening and operating special needs shelters in full consideration of COVID-19 control measures in collaboration with facilities that will serve as special needs shelters.
 It is also necessary to confirm whether those facilities will be able to serve as special needs shelters and to deliberate with them about how to secure necessary supplies, staff, etc.
 - ③ Formulating individualized support plans and training the staff
 Smooth evacuation of vulnerable people in disasters requires accelerated efforts to formulate plans for individualized support for them (when and where each particular person should be evacuated, and how) and evacuation drills with the participation of those involved.

- (3) Providing shelter staff with prior training and education
Provide those appointed as shelter staff with opportunities to receive prior explanations about their duties, matters requiring special attention, etc. so that they will become prepared to operate shelters appropriately.
- 6. Providing citizens with necessary information in advance
 - (1) Advising citizens to consider staying at home or evacuating to places other than designated shelters, such as the homes of relatives and acquaintances
To ensure dispersed evacuation, advise citizens to consider staying in safe places or upstairs at home if they can ensure their own safety at home.
Also advise citizens to consider evacuating to safe places other than designated shelters, such as the home of a relative or acquaintance and a nearby safe place, if they can secure such places.
 - (2) Informing citizens about COVID-19 control measures adopted in shelters
Widely disseminate information about COVID-19 control measures adopted in shelters and further raise public awareness so that citizens who need to evacuate to shelters will not hesitate to do so.
 - (3) Advising evacuees to take necessary supplies with them
Since each municipality has only a limited stock of supplies, advise citizens to take items they need while living in shelters, including masks, thermometers, portable disinfectant, towels, slippers, and writing utensils, in an emergency bag with them when they evacuate.
 - (4) Encouraging citizens to create their “My Evacuation Card”
Encourage each citizen to check the hazard map and other related materials for the risk of damage to their home from landslide, flood, etc. in advance.
The Hyogo prefectural government encourages citizens to create their “My Evacuation Card” so that they will be able to take rapid and reliable action to evacuate in the event of a disaster. It is important for each citizen to reconfirm, determine and register when and where to evacuate using the Hyogo Emergency Net mobile app and other means.
In particular, in anticipation that citizens may hesitate to use crowded designated shelters, encourage them to list multiple candidate places for evacuation other than designated shelters in advance.
It is desirable that citizens use the “Memo” field on the “My Evacuation Card” to write the items they will take with them from their home to the shelter, such as masks and portable disinfectant.

My Evacuation Card (tentative design)	
Name <input type="text"/>	
Check it out!	Obtaining sources for decision making (What is dangerous? What should you check in the event of heavy rain or a typhoon?)
When?	When to evacuate (What change will you use as a sign of the need to evacuate?)
Where?	Where to evacuate (Where will you evacuate, and which route will you take?)
	Daytime (when it is bright)
How?	Night (when it is dark)
	How to evacuate (With whom? On foot or by car?)
	Daytime (when it is bright)
	Night (when it is dark)
(Memo)	

Hyogo Emergency Net

いざという時に備え「マイ避難カード」を作成しましょう！

いざというときに、迷わずに避難行動がとれるように、ぜひながら自身で考えた避難行動に移るタイミング（逃げ時）や避難場所をアプリ内「カード」に保存できます。

また、保存した逃げ時に関する情報をプッシュ通知で受け取ると「マイ避難カード」を表示します。

12外国語対応

3ヶ所の市・町の登録

避難に関する情報や各種気象情報などをプッシュ通知！

避難場所検索

音声読み上げ

防災情報リンク

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Download Now!

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で手に入れます

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からダウンロード

運営に関するお問い合わせについては— ひょうご防災ネットサポートセンター— Eメール: support@hyogo-net.jp
 発行: 兵庫県企画振興部災害対策課 発行: 兵庫県企画振興部災害対策課
 電話: 079-952-9611 FAX: 079-952-9911 Eメール: kankai@hyogo-net.jp

- (5) Facilitating autonomous shelter operation
 In anticipation of the difficulty in securing full wide-area cooperation from other districts due to the wide spread of COVID-19 infection, inform citizens about the need for them to operate shelters autonomously, and engage them in shelter operations, including regularly cleaning up and disinfecting shelter facilities, such as living areas, washrooms, and toilets.
- (6) Advising those in bad physical condition to take appropriate action when evacuating
 Strictly instruct those in bad physical condition to wear a mask when evacuating, and advise them to notify shelter staff about their physical conditions soon after arriving in shelters.
 In addition, advise them to reconfirm whether they really need to evacuate and, if their safety is ensured at home, to stay in safe places at home until their condition improves.

III. Phase 1 (Evacuation)

1. Offering appropriate places for evacuation

Basically, people in dangerous places must evacuate in the event of a disaster even if the COVID-19 pandemic is not yet over. It is important for citizens to be aware that they must protect their own lives and to take appropriate action to avoid danger.

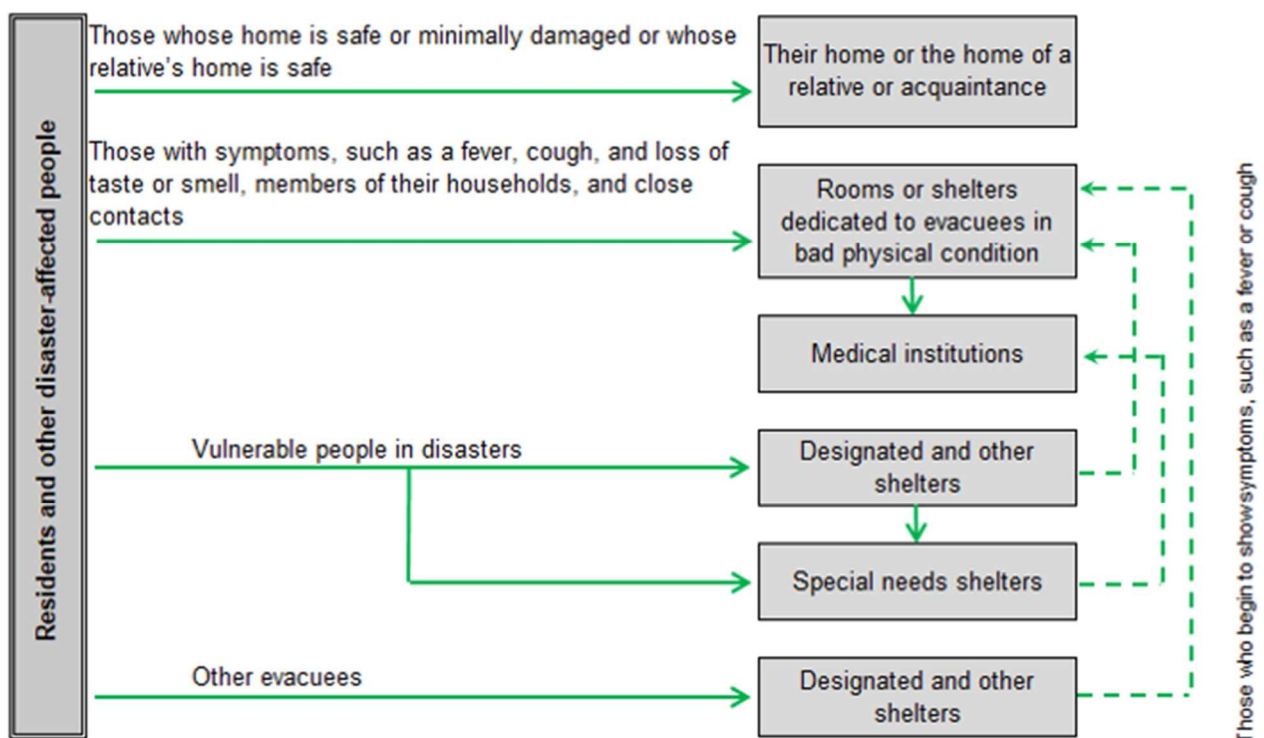
Meanwhile, people in safe places do not have to evacuate to designated shelters, so dispersed evacuation to places other than designated shelters, safe places or upstairs in their home, or the home of a relative or acquaintance is recommended to them so that the concentration of evacuees (or the three Cs) in designated shelters will be avoided.

Municipalities should allot an appropriate place for evacuation according to the condition of each citizen at the time of evacuation, including a fever or other symptoms, and advise the citizen to evacuate there. [See the diagram below.]

It is also important to well publicize the need for citizens to check the hazard map or other materials in advance to learn whether their candidate places for evacuation are safe.

[Reference] Evacuation Essentials Under COVID-19 Crisis

(Cabinet Office [Disaster Management], Fire and Disaster Management Agency) … pp. 23 and 24



2. Matters requiring special attention when evacuation information is released

When issuing evacuation recommendations in the event of a storm or flood, offer citizens a choice of places for evacuation other than shelters and emphasize the need for them to adopt COVID-19 control measures, including wearing a mask.

If evacuees tend to concentrate in particular shelters, it is also possible to recommend dispersed evacuation to other nearby shelters.

[Announcement sample]

This is an announcement from the XX City/Town Disaster Management Headquarters. Since the water level of the XX River at the XX point has reached the flood danger level of X m, a level-4 alert with evacuation recommendation was issued to the XX area at X:00 p.m. Evacuate immediately to the designated shelter.

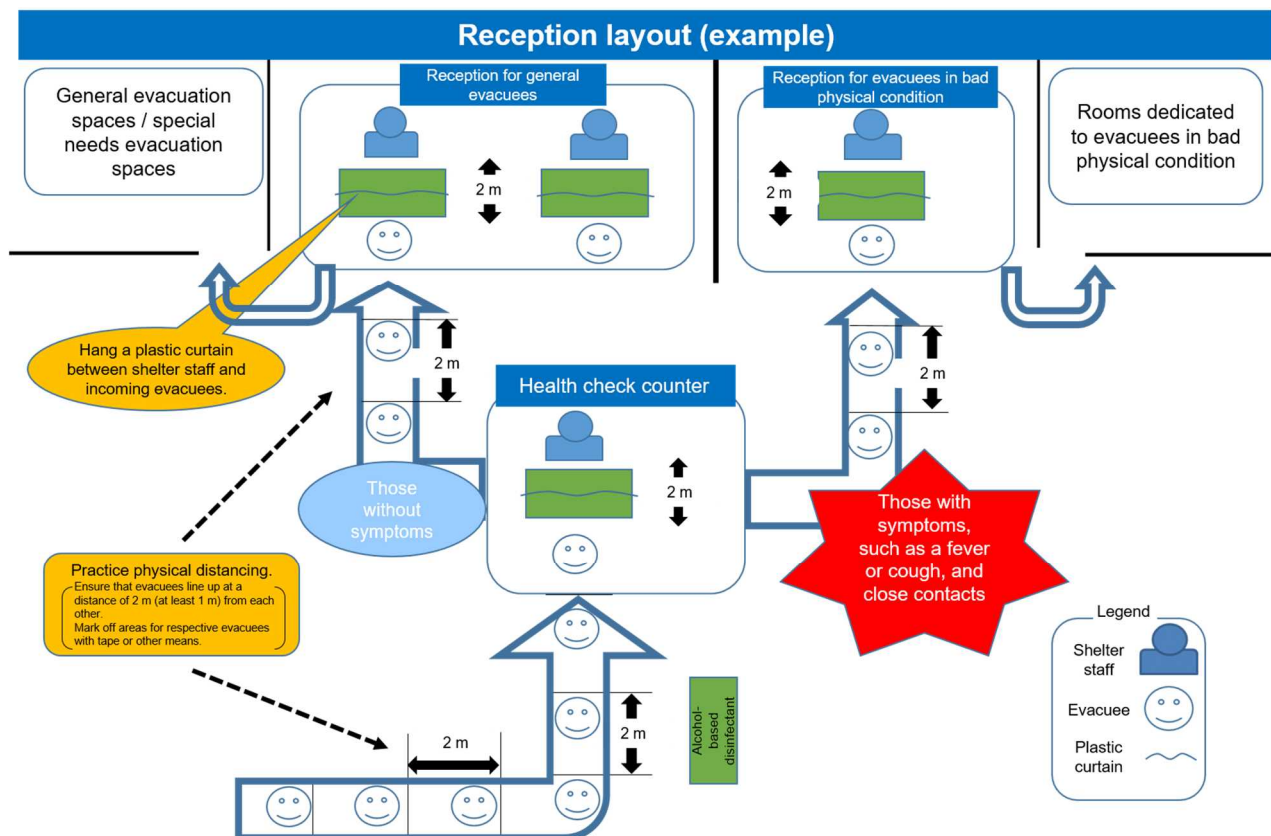
However, if the outdoor conditions of your evacuation route or nearby areas seem dangerous due to heavy rain or flooding, evacuate to a nearby building that seems to be safe or upstairs in your home.

If you evacuate to the shelter, please take food and other necessities with you and wear a mask as a COVID-19 control measure.

IV. Phase 2 (Opening shelters, admitting evacuees, and operating shelters)

1. Opening shelters
 - (1) Shelter staff
 - Shelter staff must have their health condition and body temperature checked before beginning to admit evacuees.
 - Shift staff must have their health condition and body temperature checked before their shifts begin every day.
 - They must also have their health condition and body temperature checked after their shifts end every day.
 - (2) Securing evacuation spaces
 - ① Entrances and lines of flow
If a shelter has multiple entrances, design separate lines of flow for general evacuees and for those in bad physical condition.
 - ② Strictly prohibiting people from wearing shoes in shelters
Clearly divide each shelter into a “shoes off” zone and a zone where shoes are allowed, and strictly prohibit people from entering living areas with shoes on.
 - ③ Securing rooms for separation
Secure rooms dedicated to those in bad physical condition to separate them from other evacuees.
 - ④ Layout of evacuation spaces
 - Locate evacuation spaces with a sufficient physical distance between evacuees maintained by marking off areas with masking tape or other means based on a predesigned layout.
 - If a sufficient physical distance cannot be maintained, put up partitions quickly.
 - (3) Placing hygiene and other supplies
 - Place alcohol-based disinfectant at shelter entrances, near toilets, and at other spots, and make hygiene supplies, such as liquid soap and masks, available in shelters.
 - Display posters that recommend washing and disinfecting the hands, gargling, covering coughs with a tissue or by other means, wearing a mask, and avoiding the three Cs at entrances, on bulletin boards, in washrooms, near toilets, and in other common spaces in shelters.
- [Reference]
 - “Avoid the ‘Three Cs!’” poster to be displayed in shelters (Ministry of Health, Labour and Welfare).....p. 27
 - Hand-washing awareness-raising leaflet (Japan Food Hygiene Association)p. 29
 - Awareness-raising material “Let’s Keep Yourself and Your Surroundings Clean to Protect Yourself from COVID-19” (Ministry of Health, Labour and Welfare)..... pp. 30 and 31
 - “Coughing Etiquette” awareness-raising poster (Ministry of Health, Labour and Welfare)p. 32
- (4) Providing citizens with necessary information
Inform citizens about the names and locations of facilities opened as shelters and other important matters by utilizing a wide variety of means, including websites and the media.

- (5) Paying due consideration to human rights
 - Adopt measures to prevent slander and libel out of fear of infection against those infected or suspected to be infected, including displaying awareness-raising posters.
 - Shelter staff must pay full attention to their own words and deeds in order to prevent the separation of rooms, zoning, etc. from triggering actions of discrimination.
2. Admitting evacuees
 - (1) Shelter reception and health checks [See the reception layout (example) on the next page.]
 - To check the health condition of incoming evacuees before they reach the shelter reception, place a health check counter, where all incoming evacuees will be interviewed about their condition and have their body temperature measured (desirably with noncontact thermometers) according to a health check list (see the next page for an example).
 - According to the results of health checks at the health check counter, instruct the incoming evacuees to go to the reception for general evacuees or to the reception for evacuees in bad physical condition.
 - Instruct evacuees with a fever or in bad physical condition to go to the reception for evacuees in bad physical condition. After being admitted at the reception, they should go to rooms dedicated to those in bad physical condition.
 - Instruct evacuees without a fever or in ordinary physical condition to go to the reception for general evacuees. After being admitted at the reception, they should go to general evacuation spaces (or special needs evacuation spaces).
 - If many evacuees visit shelters after a disaster occurs and if they wait in lines at the health check counter or the reception for general evacuees, instruct them to wait while maintaining a sufficient physical distance from each other.
 - In the event of a storm, flood, etc., strive to maintain a sufficient physical distance between evacuees while paying due attention to preventing them from becoming wet in the rain, for example, by allowing them to wear a raincoat.
 - [Reference]
 - Shelter layout proposed by the Japanese government (example)
 - « in reception »p. 25
 - Shelter layout proposed by the Japanese government (example) « after passing through reception »p. 26
 - Poster to be displayed in shelters, showing symptoms that incoming evacuees should report to shelter staff if they have any (example)p. 28



Health Checklist for Incoming Evacuees (sample)

● Fill in the sections outlined in bold.

Date: / /

Shelter name	Evacuee name	Age

Check items		Yes • No
1	Are you a close contact of a confirmed COVID-19 case and under health observation?	Yes • No
2	Do you feel more feverish than usual?	Yes • No
3	Do you have difficulty in breathing or chest pains?	Yes • No
4	Do you suffer from a loss of smell or taste?	Yes • No
5	Do you have a cough, sputa, or a sore throat?	Yes • No
6	Do you have general fatigue?	Yes • No
7	Do you feel nausea?	Yes • No
8	Do you have diarrhea?	Yes • No
9	Do you have skin rashes?	Yes • No
10	Do you have bloodshot eyes and a lot of eye mucus?	Yes • No
11	Are you currently receiving outpatient care at a medical institution? Symptom	Yes • No
12	Are you currently taking medicine? Medicine name:	Yes • No
13	Do you have any other symptom you feel anxious about?	Yes • No
13	* If your answer is "Yes," describe the symptom in detail.	
14	Do you need care or help during your stay in the shelter?	Yes • No
15	Do you have any disability that requires special consideration during your stay in the shelter?	Yes • No
15	* If your answer is "Yes," describe the disability in detail.	
16	Do you have an infant (or infants) with you? Are you pregnant?	Yes • No
17	Do you suffer from any underlying disease, such as a respiratory disease, high blood pressure, or diabetes?	Yes • No
17	* If your answer is "Yes," describe the disease in detail.	
18	Are you epileptic?	Yes • No

Below are fields for staff to fill in.

Body temperature	°C	Staff name	
Allocated space/section			

* In the "Allocated space/section" field, enter the names of the shelter building and room, the section number, etc.

(Source: Notice issued on June 10, 2020 by the Japanese government, "Q & A about COVID-19 Control Measures at Shelters" [version 1])

- (2) Instructions on COVID-19 control measures
 Strictly instruct evacuees to wash their hands with liquid soap and water or disinfect their hands with alcohol-based disinfectant mainly after they touch the surfaces of common equipment items that multiple people likely touch.
 To prevent droplet infection, instruct evacuees to wear a mask even if they have no symptoms, such as a cough.
3. Operating shelters
 - (1) Instructing evacuees and shelter staff to adopt basic COVID-19 control measures
 Strictly instruct evacuees and shelter staff to adopt basic COVID-19 control measures, including often washing their hands with liquid soap and water before they have meals and after they use a toilet, dispose of waste, and take care of other evacuees, as well as gargling and covering coughs with a mask, tissue, etc.
 [Reference]
 - “Avoid the ‘Three Cs!’” poster to be displayed in shelters (Ministry of Health, Labour and Welfare).....p. 27
 - Hand-washing awareness-raising leaflet (Japan Food Hygiene Association).....p. 29
 - Awareness-raising material “Let’s Keep Yourself and Your Surroundings Clean to Protect Yourself from COVID-19” (Ministry of Health, Labour and Welfare) pp. 30 and 31
 - “Coughing Etiquette” awareness-raising poster (Ministry of Health, Labour and Welfare)p. 32
 - Sample form for infection control risk management in sheltersp. 34
 - (2) Ventilating shelters well
 Ensure that shelters are ventilated well by opening the windows in two opposite directions for several minutes twice an hour. In summer and winter, ensure that shelters are ventilated using ventilation equipment, such as fans and filtration and sterilization equipment.
 - (3) Cleaning up and disinfecting common equipment, such as toilets
 Ensure that the surfaces of common equipment items that multiple people likely touch, such as toilet lids, toilet seats, washroom faucets, doorknobs, and handrails, are often disinfected with diluted sodium hypochlorite solutions and cleaned up.
 - (4) Reducing opportunities for direct physical contact between people to a minimum
 Ensure that rules on how to serve/receive meals are strictly observed by placing meals at certain points and having evacuees go to receive their meals there, instead of handing lunch boxes directly to evacuees.
 - (5) Hygiene management of waste collection
 Shelter staff in charge of waste collection must wear disposable gloves and a mask at work to prevent themselves from directly touching waste.
 - (6) Health management
 Evacuees should regularly check their own health condition every day by measuring their body temperature and using a health checklist. [Reference: Daily health check sheet for sheltered evacuees (sample) on p. 35]
 In addition, nurses, including public health nurses, should regularly patrol shelters to check evacuees’ health condition.

- (7) Separating evacuees in bad physical condition from other evacuees
- ① Separation
Evacuees who are recognized as being in bad physical condition as a result of body temperature measurement or health checks must be admitted to rooms or shelters dedicated to evacuees in bad physical condition, separated from evacuation spaces for other evacuees. Toilets and washrooms for them should be also separated from toilets and washrooms for other evacuees as much as possible in order to prevent the two types of evacuees from using the same toilets and washrooms.
 - ② Reporting to and consulting public health centers
Report evacuees' symptoms to the relevant public health center and consult it. Follow its instructions and have the evacuees receive medical examinations at medical institutions.
 - ③ Shelter staff
Shelter staff in charge of rooms or shelters dedicated to evacuees in bad physical condition must wear protective gear, including disposable gloves, a gown, and a face shield, so that they will not have to have direct physical contact with those in bad physical condition.
4. Managing the health of evacuees at places other than shelters, including those staying at home
- Each municipality must accurately identify the status of disaster-affected citizens staying outside designated shelters after the disaster occurs, including those at home or in tents or cars, and ensure that all of them will be able to receive emergency support.
 - Regularly check the health of evacuees outside designated shelters.
 - Evacuees staying in cars in particular should be advised to receive health checks in consideration of the risk of suffering from vein thrombosis (the so-called "economy-class syndrome"). Before a disaster occurs, improve the environments of toilets near parking areas where it is expected that many citizens will stay in their cars.
5. Adopting thorough measures to prevent vulnerable people in disasters from becoming infected
- During evacuation, helpers of vulnerable people in disasters must pay special attention to preventing those they are helping and themselves from becoming infected by wearing a mask and gloves, disinfecting the wheelchair, and other means.
 - If special needs evacuation spaces where vulnerable people in disasters will stay have to be placed in general shelters, those evacuation spaces must be separated as widely as possible from rooms dedicated to evacuees in bad physical condition so that the lines of flow of the two types of evacuees will not overlap.
 - Thoroughly check the health and body temperature of vulnerable people in disasters every day to detect changes in their condition.

- * It is ideal to implement all Phase 2 measures. However, in consideration of various expected restriction in the event of a disaster, it is desirable to implement as many of them as possible.
 - * If there is a shortage of shelter staff, supplies, or equipment available to municipalities, the affected municipalities can request the Hyogo prefectural government's support based on the Emergency Support Agreement between the Hyogo Prefectural Government and Municipalities, and the prefectural government will arrange wide-area cooperation.

V. Phase 3 (Closing shelters)

1. Measures to be adopted after evacuees leave shelters
 - After evacuees leave shelters, clean up evacuation spaces and disinfect items for common use, including equipment and doorknobs, with alcohol-based disinfectant.
 - During the cleaning and disinfecting process, ventilate shelters well and wear gloves and a mask.
 - The method of disinfecting rooms or shelters dedicated to evacuees in bad physical condition must be taught by public health centers in advance and explained to facility managers.

VI. Reference (forms, reference materials, etc.)

1. Evacuation Essentials Under COVID-19 Crisis
(Cabinet Office [Disaster Management], Fire and Disaster Management Agency)

With the mindset of protecting your own life, evacuate as appropriate.

Even if the novel coronavirus disease (COVID-19) has not subsided,
*in principle, **evacuate hazardous places***
if disaster hits.

5 points to keep in mind

- “Evacuate” means to escape from the danger. **If you are in a safe place, you do not need to go to an evacuation shelter.**
- Evacuation shelters are not only elementary and junior high schools or community centers. Consider **evacuating to a relative’s or an acquaintance’s home that is safe.**
- There is a shortage of **masks, disinfectant, and thermometers.** As much as possible, **bring your own.**
- **The evacuation shelters** designated by your local government **may have changed or increased in number.** Be sure to **check your local government’s website, etc.**
- Going outside during torrential rains is **dangerous, even in a car.** If you have no choice but **to spend the night in your car, take great care to check your surroundings, etc.,** to make sure you are not caught in a flood.



Let's Check If Your Home is Safe!



Hazard map

Search

Evacuation Decision Flowchart

Start!

What should you do to evacuate?

Find and mark the location of your home on a hazard map.*

* A hazard map is a map that colors areas that are at higher risk of disasters such as flooding or landslides. However, disasters can also occur in areas that are not colored.

Is your home in a colored area?

No

Even if you do not live in a colored area, if the area is lower than the surroundings or near a cliff, you should check the information provided by your local government and evacuate as appropriate.

Yes

Your home is susceptible to disasters, so you must evacuate your home, in principle.*

Exception

- Even in areas at risk of flooding, **you can stay at home safely** in the following cases:
 - 1) You are not in an area with high risk of houses collapsing or being destroyed by the flood.
 - 2) Your home is on higher ground than the depth of the flooding.
 - 3) Even if flooding occurs, you have enough water, food, and other supplies to wait until it subsides.

Will it take time for you and anyone with you to evacuate?

No

Yes

Do you have a relative or acquaintance who lives in a safe place and who you could stay with?

Yes

When an alert level **3** is issued, **evacuate to a relative's or an acquaintance's home that is safe.** (Discuss it regularly before disaster strikes.)

No

When an alert level **3** is issued, **evacuate to an evacuation shelter designated by your local government.**

Do you have a relative or acquaintance who lives in a safe place and who you could stay with?

Yes

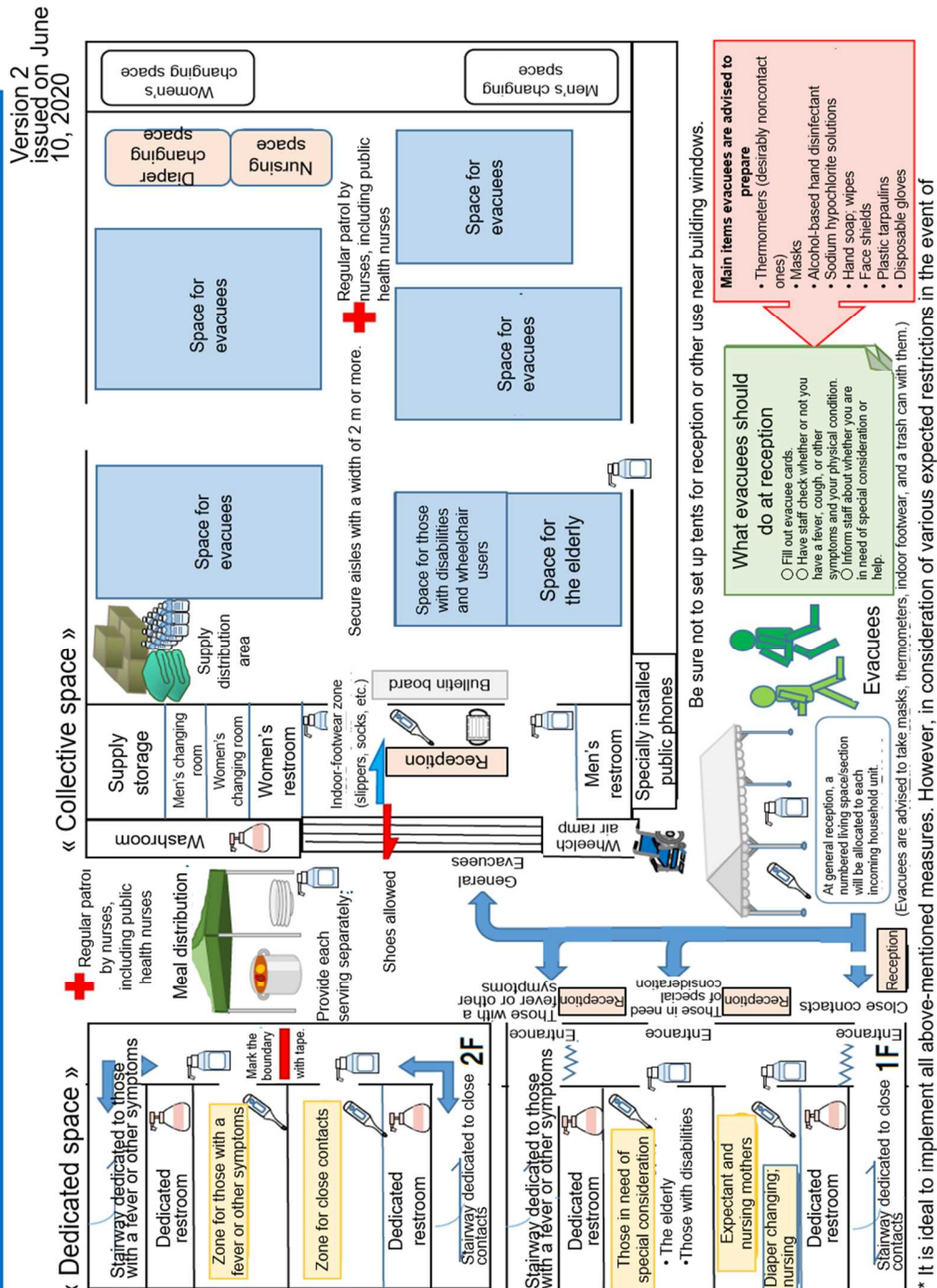
When an alert level **4** is issued, **evacuate to a relative's or an acquaintance's home that is safe.** (Discuss it regularly before disaster strikes.)

No

When an alert level **4** is issued, **evacuate to an evacuation shelter designated by your local government.**

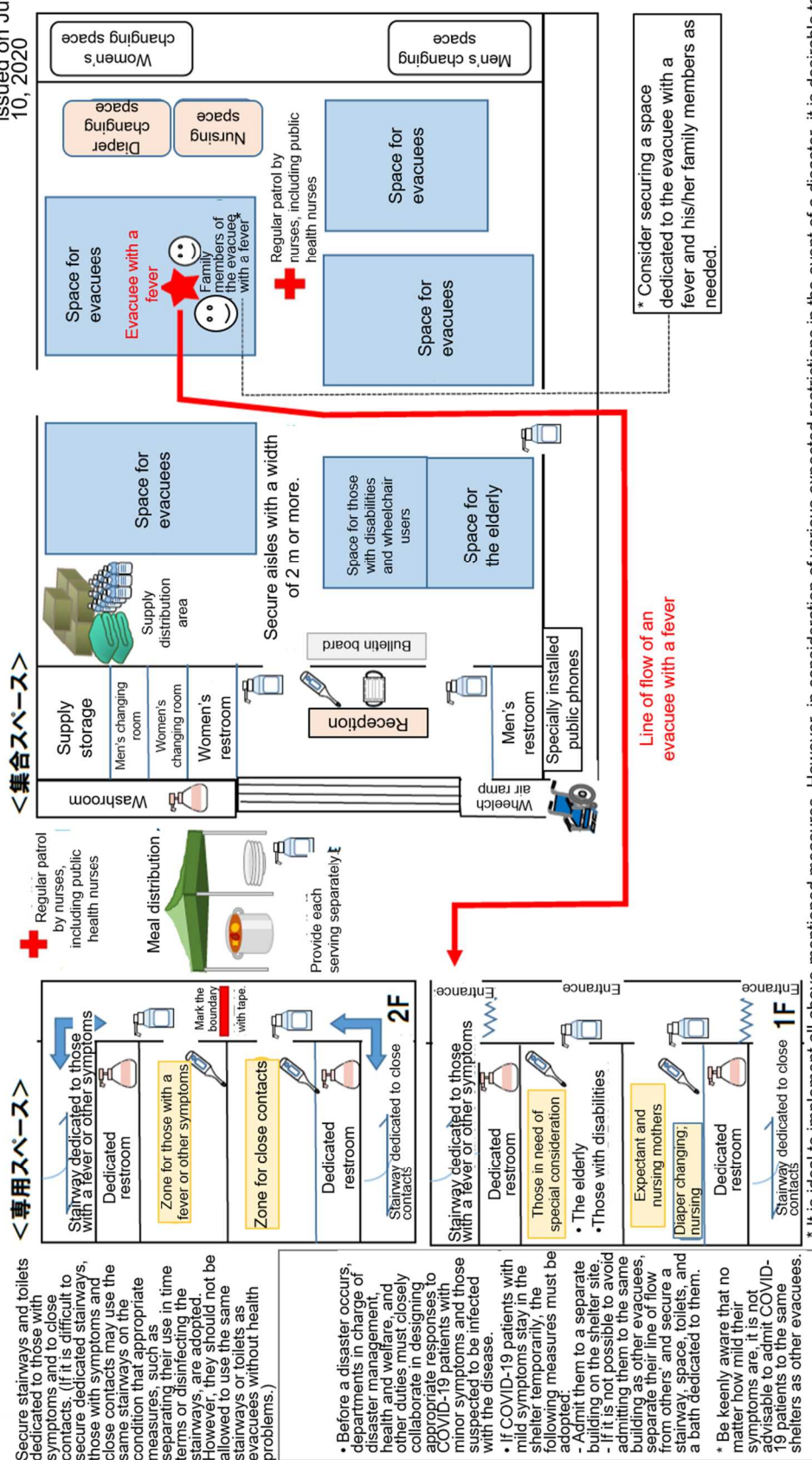
- ## Shelter layout amid the COVID-19 pandemic [example] « at the reception desk »

- COVID-19 patients mainly with mild symptoms (temporary stay)
- It is important to decide in advance on how to respond to COVID-19 patients with mild symptoms in the event of a disaster and how to evacuate them and to inform the patients about the decisions.
- Before a disaster occurs, departments in charge of disaster management, health and welfare, and other duties must closely collaborate in designing appropriate responses to COVID-19 patients with mild symptoms and those suspected to be infected with the disease.
- If COVID-19 patients with mild symptoms stay in the shelter temporarily, the following measures must be adopted:
 - Admit them to a separate building on the shelter site.
 - If it is not possible to avoid admitting them to the same building as other evacuees, separate their line of flow from others' and secure a stairway, space, toilets, and a bath dedicated to them.
- Be keenly aware that no matter how mild their symptoms are, it is not advisable to admit COVID-19 patients to the same shelters as other evacuees.



Shelter layout amid the COVID-19 pandemic [example] « after reception »

Version 2
issued on June
10, 2020




3. “Avoid the ‘Three Cs!’” poster to be displayed in shelters (Ministry of Health, Labour and Welfare)

Important notice for preventing COVID-19 outbreaks.

Avoid the “Three Cs”!

- 1. Closed spaces** with poor ventilation.
- 2. Crowded places** with many people nearby.
- 3. Close-contact settings** such as close-range conversations.




One of the key measures against COVID-19 is to prevent occurrence of clusters.
Keep these “Three Cs” from overlapping in daily life.



The risk of occurrence of clusters is particularly high when the “Three Cs” overlap!

In addition to the “Three Cs,” **items used by multiple people** should be cleaned with disinfectant.



首相官邸 Prime Minister's Office of Japan

厚生労働省 Ministry of Health, Labour and Welfare

MHLW COVID-19 Search

4. Poster to be displayed in shelters, showing symptoms that should be reported (example)

If you have any of the following symptoms, please report to shelter staff immediately.

1. Having a fever or feeling feverish
2. Having any of serious symptoms, such as difficulty in breathing, severe fatigue, and a high fever
3. Having a relatively mild cold-like symptom, such as a fever and cough
4. Having a symptom of upper respiratory inflammation (such as a cough, a runny nose, or a sore throat)
5. Having a flu-like symptom (such as general fatigue, chills, headaches, joint pains, or muscle pains)
6. Coughing with bloody sputum
7. Having a rash
8. Having an itchy or sore rash
9. Having a sore rash around the lips or mouth
10. Having a stiff or sore neck
11. Having diarrheal stools (such as watery, loose, and liquid stools)
12. Vomiting or feeling nausea
13. Having stomach pains and bloody stools
14. Having bloodshot eyes and eye mucus
15. Having a festering, inflamed, swollen, or sore wound

If you fall under any of the following conditions, be sure to report it to shelter staff when you are admitted to the shelter.

Being at an advanced age, suffering from an underlying disease, such as diabetes, heart failure, and a chronic obstructive pulmonary disease (COPD), needing dialysis therapy, or taking an immunosuppressive agent, an anticancer agent, etc.

* Created based on the Manual for Infectious Disease Control in Shelters (published on March 24, 2011 by the Research Team for the Control of In-house Infection with Novel Influenza or Other Infectious Diseases [chief researcher: Kirikae Teruo] with an FY 2010 scientific research subsidy from the Ministry of Health, Labour and Welfare)

Do You Wash Your Hands

in a Hygienically Effective Way?



1 Wet your hands with running water.



2 Apply cleanser to your hands.



3 Rub your palms and the inside of your fingers.



4 Rub the back of your hands and fingers.



5 Rub the sides and joints (in-between spaces) of your fingers.



6 Rub your thumbs and their joints (thick parts).



7 Rub your fingertips.



8 Rub your wrists (their inside, sides, and back).



9 Rinse off cleanser well with a sufficient amount of running water.



10 Wipe and dry your hands.



11 Disinfect your hands with alcohol-based disinfectant.

Double washing is more effective!

Follow steps 2 to 9 twice to remove bacteria and viruses.

* It is thought that alcohol-based disinfectant is not very effective in inactivating noroviruses.

© Japan Food Hygiene Association

6. Awareness-raising material "Let's Keep Yourself and Your Surroundings Clean to Protect Yourself from COVID-19" (Ministry of Health, Labour and Welfare)

Let's Keep Yourself and Your Surroundings Clean to Protect Yourself from COVID-19

Thoroughly wash your hands with soap or liquid soap.



You can remove viruses effectively by washing your hands thoroughly. If doing so, you do not have to use alcohol-based disinfectant additionally.

Modes of hand washing		Remaining viral copies
No hand washing		Approx. one million copies
Washing the hands with soap or liquid soap by rubbing for 10 seconds, and then rinsing the hands for 15 seconds with running water	Single washing	Approx. 0.01% (several hundred copies)
	Double washing	Approx. 0.0001% (several copies)

(Created based on a paper by Mori Kohji et al., Journal of the Japanese Association for Infectious Diseases 80: 496–500, 2006)

Hot water and chlorine bleach are more effective than alcohol in disinfecting tableware, handrails, doorknobs, and other items for daily use.

(They are effective not only against noroviruses but also against the novel coronavirus.)



Soak dishes, chopsticks, etc. in 80°C water for 10 minutes to disinfect them.
Be careful not to get scalded.



Apply a 0.05% chlorine bleach solution to items and wipe them to disinfect them.
Various chlorine bleach products can be used. For how to prepare the solution, see the reverse.

* Since chlorine bleach can affect your eyes and skins, be sure to handle it with great care.
* Be sure to thoroughly read the instructions given on the product package.
* Please note that chlorine bleach may erode metal.

How to prepare a sodium hypochlorite solution with a concentration of 0.05% or higher



Below are examples of products containing sodium hypochlorite as a main component. The concentration depends on the product, so refer to the following when you prepare a solution.

Manufacturer (in alphabetical order)	Product name	Examples of preparation methods
Kao Corporation	Haiter	Mix 25 ml (one bottle cap) of this product in 1 lit. of water.
	Kitchen Haiter	Mix 25 ml (one bottle cap) of this product in 1 lit. of water.
Kaneyo-Soap	Kaneyo Bleach	Mix 10 ml (half a bottle cap) of this product in 1 lit. of water.
	Kaneyo Kitchen Bleach	Mix 10 ml (half a bottle cap) of this product in 1 lit. of water.
Mitsuei Chemical Co., Ltd.	Bleach	Mix 10 ml (half a bottle cap) of this product in 1 lit. of water.
	Kitchen Bleach	Mix 10 ml (half a bottle cap) of this product in 1 lit. of water.

[Notes]

- Before you use these products, thoroughly read the instructions given on the product package or the companies' websites.
- There are many other products containing sodium hypochlorite. When you use other products, follow the instructions given on the product package or the companies' websites.

Please cooperate in measures against infectious diseases.

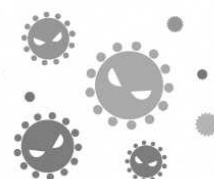
! "Coughing manners"

The basic measures against infectious disease, as well as the novel coronavirus, are **washing hands** and **"coughing manners" including wearing a mask.**

■ In order not to transmit viruses to others.

It is possible that the droplets ejected when you cough or sneeze may contain viruses. Please observe the following "coughing manners".

- **Wear a mask.**
- **Cover your mouth and nose with a tissue etc.**
- **If you suddenly sneeze or cough do so into your elbow or inside your jacket.**
- **Keep as far away as possible from other people.**



"Coughing manners"

Three "coughing manners"



Coughing or sneezing without shielding your mouth or nose.

Using your hands to cover coughs or sneezing.



• Observe the manners on a train, at work, school or wherever people gather.

If you don't have a mask.

Sudden sneezes or coughs.

Wear a mask. (covering mouth and nose)

Cover your mouth or nose with a tissue/handkerchief.

Cough or sneeze into your sleeve.

Correct way to wear a mask.



1 Ensure both your nose and mouth are covered.

2 Place the rubber string over your ears.

3 Cover up to your nose so there are no gaps.

首相官邸
Prime Minister's Office of Japan

厚生労働省
Ministry of Health, Labour and Welfare



Ministry of Health, Labour and Welfare

Search

8. Leaflet "Keep Our Toilets Clean and Comfortable through Cooperation"
(Miyagi prefectural government; Japanese Red Cross Ishinomaki Hospital; Department of Clinical Microbiology with Epidemiological Research & Management and Analysis of Infectious Diseases and Department of Regional Cooperation for Infectious Diseases, Infection Control and Laboratory Diagnostics, Tohoku University Graduate School of Medicine; Tohoku Crisis Management Network for Infectious Diseases)



Place quick-drying alcohol-based hand disinfectant in front of toilets so that everyone can disinfect their hands.

Necessary tools

Disposable gloves; rubber gloves; a mask; a broom; a dustpan; a bucket; a toilet brush; disinfectant (such as Haiter); toilet cleaning wipes; newspaper, wiping rags, etc.; trash bags

Steps to clean up toilets

- 1 Wear a mask and disposable gloves (rubber gloves*1).
- 2 Open the restroom door for ventilation.
- 3 Sweep the floor.
- 4 Exchange filled trash bags.
- 5 Mix disinfectant (such as Haiter) in a bucket of water.
[If you use Haiter, mix about four bottle caps (20 cm³) of Haiter in a bucket (about 5 lit.) of water.]
- 6 Soak a wiping rag in the diluted disinfectant solution, wring out the rag well, and wipe toilet utensils with the rag in the order of the doorknobs, handrail, flush handle, tank, toilet lid, toilet seat, external surface of the toilet bowl, and floor (tiles).^{*2}
- 7 If you clean up multiple toilet booths, clean up toilet utensils other than toilet bowls first, and then clean up the multiple toilet bowls all together.
- 8 Clean up the inside of toilet bowls by pouring disinfectant^{*3} (an undiluted solution of Toilet Haiter, Domestos, Sanpoll, etc.) over the inside of toilet bowls, waiting for a few minutes, and flushing them without brushing them. (Only if toilet bowls have stains, use a toilet brush or other tools.)
- 9 Pull off your gloves and replace toilet rolls if necessary.
- 10 After you finish the cleaning, wash your hands.^{*4}



^{*1}: It is desirable to wear thick rubber gloves when you use undiluted disinfectant, a brush, etc. ^{*3}: There are chlorine disinfectant (such as Toilet Haiter and Domestos), hydrochloric acid-based disinfectant (such as Sanpoll), and other kinds of disinfectants.
^{*2}: When wiping toilet utensils other than toilet bowls, do not use the same wiping rag or paper as you use for toilet bowls. ^{*4}: If water supply is suspended, use quick-drying alcohol-based disinfectant.



Notes on use of disinfectant

1. Do not mix acidic agents and chlorine disinfectant because the mixture will generate harmful gas.
2. Clearly write "Only for disinfectant" on the plastic bottle used to dilute disinfectant to prevent someone from drinking from the bottle.

9. Sample form for infection control risk management in shelters

Infection control risk management in shelters.

Date: _____

City/Town name _____

Shelter name _____

Approximate shelter capacity _____

people

Filled in by: (Affiliation) _____

(Job type) _____

Name _____

Available medical institutions (if any) _____

Shelter form			
1	A large number of evacuees are admitted to a hall or the like.	Yes	No
2	There are separate spaces where evacuees can be admitted, such as rooms or classrooms.	Yes	No
3	A distance of 1 m or more is maintained between household units. (The arms of an average adult man are about 70 cm long, while his feet are about 25 cm long.)	Yes	Insufficiently No, it is impossible
Age composition of evacuees (Enter rough estimates.)			
4	Infants (at 5 or below)	%	
5	Elderly (at 65 or above)	%	
6	Expectant mothers	people	
Hand hygiene			
7	Water supply has been restored.	Yes	No
Waste disposal			
8	Toilets can flush mechanically.	Yes	Insufficiently No
9	Toilets can be cleaned up.	Yes	Insufficiently No
10	Spots for disposal of diapers and other waste have been designated.	Yes	Insufficiently No
Food management			
11	Cooks can practice hand hygiene.	Yes	Insufficiently No
12	Cooking utensils can be washed.	Yes	Insufficiently No
13	Tableware, including chopsticks, cups, and dishes, is available for the number of admitted evacuees.	Yes	Insufficiently No
14	Tableware can be washed.	Yes	Insufficiently No
Ventilation			
15	The shelter can be ventilated with ventilation fans or air conditioners.	Yes	Insufficiently No
16	In structural terms, the windows of evacuation spaces can be opened.	Yes	Insufficiently No
Health management			
17	There are those who have grasped the health condition of evacuees.	Yes	No
18	There are means for contact with outside parties (landline or mobile phone).	Yes	No
Supply availability			
19	Soap	Available	Inadequate Unavailable
20	Quick-drying alcohol-based hand disinfectant	Available	Inadequate Unavailable
21	Masks	Available	Inadequate Unavailable
22	Disinfectant (sodium hypochlorite solutions, such as Haitei)	Available	Inadequate Unavailable
23	Thermometers	Available	Inadequate Unavailable
Patient status (Enter the number of patients, if possible.)			
24	There are those with a fever (37.5° C or higher).	Yes (current number: ; total number to date:) No	
25	There are those with respiratory symptoms (such as a sore throat, cough, or sputa).	Yes (current number: ; total number to date:) No	
26	There are those with digestive symptoms (such as vomiting or diarrhea).	Yes (current number: ; total number to date:) No	
27	There are those with a rash.	Yes (current number: ; total number to date:) No	
Status of those in need of care or help			
28	There are those in need of physical care.	Yes (current number:) No	
29	There are dementia patients.	Yes (current number:) No	
30	There are those with physical disabilities in need of help.	Yes (current number:) No	
31	There are those with mental disabilities in need of help.	Yes (current number:) No	
32	There are those suffering from mental diseases and taking medicine.	Yes (current number:) No	
Other matters of special note			

Created by the Department of Clinical Microbiology with Epidemiological Research & Management and Analysis of Infectious Diseases and Department of Regional Cooperation for Infectious Diseases, Infection Control and Laboratory Diagnostics, Tohoku University Graduate School of Medicine, and the Tohoku Crisis Management Network for Infectious Diseases on March 24, 2011
(Source: Manual for Infectious Disease Control in Shelters)

(Source: Manual for Infectious Disease Control in Shelters)

10. Daily health check sheet for sheltered evacuees (sample)

Evacuee Health Check Sheet (sample)

Name	Age

(Shelter name:)

		／ (Mon)	／ (Tue)	／ (Wed)	／ (Thu)	／ (Fri)	／ (Sat)	／ (Sun)	
Body temperature		Morning °C	Morning °C	Morning °C	Morning °C	Morning °C	Morning °C	Morning °C	
		Afternoon °C	Afternoon °C	Afternoon °C	Afternoon °C	Afternoon °C	Afternoon °C	Afternoon °C	
		Evening °C	Evening °C	Evening °C	Evening °C	Evening °C	Evening °C	Evening °C	
Difficulty in breathing	★ Do you have difficulty in breathing? If you feel under any of the following conditions, circle Yes. <ul style="list-style-type: none"> • Breathing more heavily (more quickly) than usual • Having suddenly run into difficulty in breathing • Feeling breathless when just slightly moving • Having chest pains • Being unable to lie down or to breathe unless seated • Panting or wheezing 	Yes	No	Yes	No	Yes	No	Yes	No
Smell and taste	Are you experiencing a loss of smell or taste?	Yes	No	Yes	No	Yes	No	Yes	No
Cough and sputum	Do you have a bad cough or sputum?	Yes	No	Yes	No	Yes	No	Yes	No
Fatigue	Do you have general fatigue?	Yes	No	Yes	No	Yes	No	Yes	No
Nausea	Do you feel nausea?	Yes	No	Yes	No	Yes	No	Yes	No
Diarrhea	Do you have diarrhea?	Yes	No	Yes	No	Yes	No	Yes	No
Other	★ Do you have any other symptoms, such as the following ones? <ul style="list-style-type: none"> • Having no appetite • Having a runny nose, a stuffed nose, or a sore throat • Having headaches, joint pains, or muscle pains • Feeling unwell throughout the day • Having a rash • Having bloodshot eyes and a lot of eye mucus 	Yes (Symptoms)	No (Symptoms)	Yes (Symptoms)	No (Symptoms)	Yes (Symptoms)	No (Symptoms)	Yes (Symptoms)	No (Symptoms)
Field for the checker									

Source: Extracted from a notice issued on June 10, 2020 by the Japanese government (Cabinet Office [Disaster Management], Fire and Disaster Management Agency, and Ministry of Health, Labour and Welfare)

11. List of the shelter's emergency contacts (including the health center, medical institutions, and other related parties) (sample)

List of the shelter's emergency contacts (including the public health center, medical institutions, and other related parties) (sample)

Shelter name: _____

1. Contact information about municipal staff in charge of shelters

Division name	Contact information			Fax
	Weekdays (daytime)	(Tel.)	(Name of the person in charge)	
	Night / days off	(Tel.)	(Name of the person in charge)	—

2. Public Health Center (health and welfare office) contact information

2. Public Health Center (Health and Welfare Office) contact information			
Name of the local public health center			
Address			
Division in charge			
Contact information	Weekdays (daytime)	(Tel.)	(Name of the person in charge)
	Night / days off	(Tel.)	(Name of the person in charge)
	Fax		
	Email address		

3. Medical institution contact information

Institution name	Address	Contact information			Fax
		Weekdays (daytime)	(Tel.)	(Name of the person in charge)	
		Night / days off	(Tel.)	(Name of the person in charge)	—
		Weekdays (daytime)	(Tel.)	(Name of the person in charge)	
		Night / days off	(Tel.)	(Name of the person in charge)	—

4. Contact information about other related organizations

Organization name	Address	Contact information			Fax
		Weekdays (daytime)	(Tel.)	(Name of the person in charge)	
		Night / days off	(Tel.)	(Name of the person in charge)	—
		Weekdays (daytime)	(Tel.)	(Name of the person in charge)	
		Night / days off	(Tel.)	(Name of the person in charge)	—

* It is desirable to have their mobile phone numbers for work use so that shelter staff can make emergency contact with all the above-designated parties.

[Reference] History of revisions

Date	Details	Modified pages
June 1, 2020 (version 1)	The Guidelines were formulated.	—
June 16, 2020 (version 2)	Example shelter layouts were revised or added based on the “Reference Materials on COVID-19 Control Measures at Shelters” (version 2) issued on June 10, 2020 by the Japanese government.	(Revised) 6, 9, 25, 26 (Added) 7
	The health checklist was revised based on “Q & A about COVID-19 Control Measures at Shelters” (version 1) issued on June 10, 2020 by the Japanese government. The awareness-raising material “Let's Keep Yourself and Your Surroundings Clean to Protect Yourself from COVID-19” was also added to reference materials.	(Revised) 19, 35 (Added) 30, 31, 33
	The term “social distance” was corrected as “physical distance.”	(Revised) 1, 3, 4, 5, 17, 18

[Reference]

1. Notices issued by the Japanese government
<http://www.bousai.go.jp/taisaku/hinanzo/index.html> (in Japanese)
2. Manual for Infectious Disease Control in Shelters (published on March 24, 2011 by the Research Team for the Control of In-house Infection with Novel Influenza or Other Infectious Diseases [chief researcher: Kirikae Teruo] with an FY 2010 scientific research subsidy from the Ministry of Health, Labour and Welfare)

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